



RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF MARINE FISHERIES
Three Fort Wetherill Road
Jamestown, Rhode Island 02835

2018-2019 LOBSTER TRAP TAG ORDER FORM INSTRUCTIONS

1. This order form is for tags valid from June 1, 2018 through May 31, 2019. Orders may be placed beginning January 1, 2018.
2. Place your order as early as possible; allow for up to eight (8) weeks delivery time.
3. The number of tags ordered must not exceed authorized allocation. Any changes to allocation, LMCA, contact information, address, vessel name, new vessel or permit(s), etc. must be made by contacting the Marine Fisheries office *prior to submitting your order form* to the vendor. Order forms that do not contain accurate up-to-date information will not be processed, and may be returned to the fisherman for corrections. Please contact the Division if you are unsure of your allocation. The Department assumes no responsibility for inaccurate tag orders.
4. **TRAP TAG ORDER:**
 - **Original Trap Tags:** This is your authorized allocation. You may order any number of tags, not to exceed your authorized allocation, plus an additional 10% in the event of routine losses. The number of traps in the water must never exceed the authorized allocation.
 - **Gear Rotation Trap Tags:** Optional Gear Rotation tags may be pre-ordered. The number of Gear Rotation tags ordered may not exceed the number of original tags ordered, and may not include the 10% overage for routine losses if ordered. Gear Rotation trap tags will be held by the Division and may be obtained on a one-for-one exchange basis with current original trap tags.
 - **Catastrophic Loss Trap Tags:** Optional Catastrophic Loss Trap Tags may be pre-ordered. The number of Catastrophic Loss Trap tags ordered must equal the number of original tags ordered. Catastrophic Loss Trap tags will be held by the Division.
5. **Division of Taxation Exemption Certificate:** Complete this form if exempt from paying the 7% RI sales tax.
6. Send completed order form to the following address:

Cambridge Security Seals, LLC
1 Cambridge Plaza
Pomona, NY 10970
ATTN: RI Lobster Trap Tag Order

7. Contact Peter Duhamel at (401) 423-1927 or peter.duhamel@dem.ri.gov for questions.

2018-2019 LOBSTER TRAP TAG ORDER FORM

1. RI Commercial Fishing/Landing License Number:
 MPURP/PEL/CFL/RESLND/NRLNDR/NRLAND (circle one) # _____

2. License holder name assigned to license: _____

3. Mailing Address (Trap tags will be sent to this address):

Street: _____

City/Town: _____ State: _____ Zip: _____

4. Telephone: _____

5. Vessel Name: _____

6. RI Boat Registration or Federal Documentation Number: _____

7. Federal Lobster Permits Only:

- Federal Lobster Permit Number: _____

- Lobster Management Conservation Areas Declared (circle all that apply):

LCMA 1 LCMA 2 LCMA 3 LCMA 4 LCMA 5 LCMA Outer Cape Cod

8. Order information:

TRAP TAG TYPE	NUMBER OF TAGS ORDERED	PRICE	TOTAL COST
Original		x \$ 0.14	\$
Gear Rotation		x \$ 0.14	\$
Catastrophic Loss		x \$ 0.14	\$
7% RI SALES TAX (if applicable)			\$
ORDER TOTAL			\$

9. Payment Information: Certified checks, money orders, and credit cards will be accepted as payment.
Personal or business checks will not be accepted.

- Type of card (e.g., MC, Visa, Discover): _____

- Expiration date (month/year): _____

Credit card number

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Signature: _____

**STATE OF RHODE ISLAND - DIVISION OF TAXATION
SALES AND USE TAX
COMMERCIAL FISHERMEN EXEMPTION CERTIFICATE**

Complete this form only if exempting from paying the 7% RI sales tax.

Name of Seller: Cambridge Security Seals, LLC

Date: _____

Address: 1 Cambridge Plaza, Pomona, NY 10970

I hereby certify that the lobster trap tags will be used by me exclusively for commercial fishing and is thereby exempt from the sales or use tax.

I agree that if the tangible personal property purchased under this certificate be determined to be taxable, I will pay the tax plus any interest and penalties as provided by law.

PLEASE PRINT:

Name of Vessel: _____ Net Tons: _____

License Number: MPURP/PEL/CFL/RESLND/NRLNDR/NRLAND (circle one) # _____

State Issued by: _____ Expiration Date: _____

Owner or Corporate Officer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

SIGNATURE: _____